

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth	Office of Campai	gn and Political Finance	SOME	RVILLE, MA
of Massachusetts File with: City or Town Clerk or Election Con	nmission Please print or type all in	nformation, except signat	ures. 2011 SEP	-7 P # 01
Fill in dates: Reporting Period Beginni			Month Date	2011
Type of report: (Check X8th day preceding preli		on □30 day after elect	tion Dyear-end repo	nt dissolution
Alderman A-1 Office So 220A Summer St	andidate (if applicable)	Barbara Name of B20A SUMM	Desmon Desmon Committee Treasurer St. Som on ttee Mailing Address Tel. 1	<u></u>
Line 2: 7 Line 3: 8 Line 4: 7 Line 5: 1 Line 6: 7 Line 7: 7	SUMMARY BALA Ending balance from pro Total receipts this period Subtotal (line 1 plus line 2) Total expenditures this p Ending balance (line 3 minus Total in-kind contributions Total (all) outstanding liab Name of bank(s) used <u>Eas</u>	evious report I (page 2, line 11) period (page 3, line 14) s line 4) s this period (page 4)	\$ 129. \(\) \$ 100. \(\) \$ 229. \(\) \$ 40. \(\) \$ 189. \(\) \$ \$ 23.491. \(\)	V) 3
campaign finance activity inclu	his report including attached schedules and ding all contributions, loans, receipts, expensance activity of all persons acting under the Signed under the penalties	ditures, disbursements, in-kind e authority or on behalf of thi	l contributions and liabilities	s for this reporting period
	FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST	SIGN BELOW)	
I certify that I have examined to campaign finance activity, of have not received any contribut. Candidate without Commit I certify that I have examined to campaign finance activity, incl.	the 1 box only) and no activity independent of the commit his report including attached schedules and all persons acting under the authority or on ions, incurred any liabilities nor made any ex- tree OR Candidate with independent activit his report including attached schedules and uding contributions, loans, receipts, expendinance activity of all persons acting under the Signed under the penalt	it is, to the best of my knowle behalf of this committee in a penditures on my behalf during ity filing separate report it is, to the best of my knowle tures, disbursements, in-kind of authority or on behalf of this	ccordance with the requirem this reporting period. dge and belief, a true and c contributions and liabilities	omplete statement of all

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address	Amount		Occupation & Employer (for contributions of \$200 or more)	
4-12-11	CTE Joe Curtatone	100	_		
4					

Tino O: T	Cotal receipts in excess of \$50 (or listed above)				
	otal receipts in excess of \$50 (or listed above) Otal receipts \$50 and under* (not listed above)	100			
	COTAL RECEIPTS IN THE PERIOD	100		Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoı	 ant
					100
					<i>i</i> .
		Against the second control of the second con			
,					
		Line 12: E	xpenditures over \$50		
ing the Artificial Artificial		Line 13: E	xpenditures \$50 and under*	40 -	•
Er	nter on page 1, line 4	Line 14: T	OTAL EXPENDITURES ≰	40 -	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	я				
	The second second	Line 15:	In-kind over \$50	Ø	
		Line 16:	In-kind \$50 and under	Ø	
	Enter on page 1, line 6	Line 17:	Total In-kind	Ø	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
•				
		See Attac	hed	
	The second secon			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$23 491.69

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Schedule D: Liabilities

Date Incurred To Whom Dies

	7	့	យ.	4.	tu	2	H #
	9/21/2010	12/1/1999	12/1/2005	7/28/2006	7/21/2006	9/1/1999	Date incurred 10/16/1997
	Bruce & Borbara Yujunia)	Sullivan & McDermott	NSTAR	Bruce & Barbara Desmond	Bruce & Barbara Desmond	Bruce & Barbara Desmond	To Whom Due Anthony's Function Hali
Somewile MA	West Roxbury, MA	1990 Centre Steet	P.O. Box 4508 Woburn, MA	220A Summer Street Somerville, MA	220A Summer Street Somerville, MA	220A Summer Street Somerville, MA	Address 156 Highland Avenue Somerville, MA
Line 18:	war	Legal Services	Utilities	Loan	Loan	Loan	Purpose Hall Rental
\$23,491.69	# See #	\$1,500.00	\$372.97	\$2,750.00	\$4,000.00	\$ 13,958. T	Amount \$410.00
Total Liabilities	-					<u>-</u>	

(M) 9/7/2011